

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-PF** 

## **Return of Private Foundation**

OMB No 1545-0052

Department of the Treasury
Internal Revenue Service

or-Section 4947(a)(1)-Nonexempt-Charitable-Trust
Treated as a Private Foundation

Internal Revenue Service Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.								
For	For calendar year 2010, or tax year beginning , and ending							
G (	Check	all that apply: Initial return Amended return		Initial return of a fo		harity	Final return Name change	
Na	me of	foundation					A Employer identification n	umber
		GIBBS CHARITABLE FOUR	TACK	ION			57-1111450	
Nui	mber a	and street (or P O box number if mail is not delivered to street	at address	)		Room/suite	B Telephone number	
		P.O. BOX1727					8644398752	
Cit	y or t	own, state, and ZIP code					C if exemption application is pen	ding, check here
L			<u>04-1</u>				D 1. Foreign organizations,	check here
H_ (	_	type of organization: X Section 501(c)(3)					Foreign organizations meeti check here and attach com	outation
		ction 4947(a)(1) nonexempt charitable trust		axable private found			E If private foundation statu	
		arket value of all assets at end of year J Accoun	-		L Accr	ual	under section 507(b)(1)(A	N), check here
	rom i ►\$	10	Other (sp	ecity) must be on cash i	hasis I		F If the foundation is in a 60	
_	art I		T	<del></del>	<del>r</del>		under section 507(b)(1)(E	(d) Disbursements
Г	21 C I	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)		i) Revenue and penses per books		vestment ome	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received		,600,000.				(cash basis only)
	2	Check If the foundation is not required to attach Sch B		,000,000.			,	, .
	3	Interest on savings and temporary cash investments		469.		469.	S	TATEMENT 1
	4	Dividends and interest from securities						
	5a	Gross rents						
	Ь	Net rental income or (loss)						
ø	6a	Net gain or (loss) from sale of assets not on line 10						
n G	b	Gross sales price for all assets on line 6a				<u></u>		
Revenue	7	Capital gain net income (from Part IV, line 2)				0.		
ш.	8	Net short-term capital gain						<del></del>
	9	Income modifications Gross sales less returns						
	10a	and allowances	+				<del> </del>	
•	1	Less Cost of goods sold					-	
•	11	Other income RECEIVED	$\top$					
2	12		2	,600,469.		469.	0.	
, —	13	Compensation of Officers, directors, thustees Offic 14		0.		0.	0.	0.
=	14	Compensation of efficers, directors, dustress 7011 Other employee Salaries and wages	S	<u>.</u>				<u></u>
<u> </u>	15	Pension plans employee henefits	#1					
Ses	16a	Legal fees OGDEN, UT						
	b	Accounting fees STMT 2		950.		0.	0.	0.
Ę ŭ	C	Other professional fees						
בַּ \$	17	Interest	<u> </u>					
i a	18	Taxes STMT 3	<u> </u>	7.		0.	0.	0.
inis	19	Depreciation and depletion						
Ę	20	Occupancy	-		· · · · · · · · · · · · · · · · · · ·	·-··		
β	21	Travel, conferences, and meetings Printing and publications	<b></b>					
g	23	Other expenses						
Ę	24	Total operating and administrative						
া সেনোধায়ান্ত বিশেষ্ট্রাধার্থনার Operating and Administrative Expenses	-7	expenses. Add lines 13 through 23	1	957.		0.	0.	0.
Ö	25	Contributions, gifts, grants paid	1	,720,244.				1,720,244.
		Total expenses and disbursements.		· · · · · · · · · · · · · · · · · · ·				
	<u> </u>	Add lines 24 and 25	1	,721,201.		0.	0.	1,720,244.
	27	Subtract line 26 from line 12:						
	a	Excess of revenue over expenses and disbursements		879,268.				
	b	Net investment income (if negative, enter -0-)			<del></del>	469.		
	C	Adjusted net income (if negative, enter -0-)	J				0.	

988,242.

988,242,

4 Add lines 1, 2, and 3

5 Decreases not included in line 2 (itemize)

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

8 Enter qualifying distributions from Part XII, line 4
If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.
See the Part VI instructions.

5,788,716.

1,720,244.

6

7

7 Add lines 5 and 6

Enter 1% of net investment income (1% of Part I, line 27b)

	State Tox Bood or Investment Income (Section 4040(s), 4040(s), 4040(s), and		<u> </u>			Page 4
	ert VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948	-see-i	nstr	OITOL	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here   and enter "N/A" on line 1.	1				
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check here     I and enter 1%	1				<u>9.</u>
	of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
3	Add lines 1 and 2	3				9.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5				9.
6	Credits/Payments:					
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a					
b	Exempt foreign organizations - tax withheld at source 6b					
C	Tax paid with application for extension of time to file (Form 8868)	_				
	Backup withholding erroneously withheld	7 .				
	Total credits and payments. Add lines 6a through 6d	7 7				0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				9.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
	Enter the amount of line 10 to be: Credited to 2011 estimated tax	11				
	art VII-A Statements Regarding Activities					
-	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interve	ne in			Yes	No
	any political campaign?			1a		X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?			1b	<b>!</b> -	X
•	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish			10		
	distributed by the foundation in connection with the activities.				•	
c Did the foundation file Form 1120-POL for this year?						x
·						
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:						
(1) On the foundation. ▶ \$ 0.						
E	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ 0 •					ŀ
•						
Z	Has the foundation engaged in any activities that have not previously been reported to the IRS?  If "Yes," attach a detailed description of the activities.			2	-	X
						ĺ
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation	, or		_	•	,,
4.	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		/-	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
_	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or				1	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state of the state	te law				
_	remain in the governing instrument?			6	X	ļ
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7_	Х	
	If "Yes," complete Part II, col. (c), and Part XV.					
8a Enter the states to which the foundation reports or with which it is registered (see instructions)						
SC						
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)						
of each state as required by General Instruction G? If "No," attach explanation						
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar						
	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV		_	9		<u>X</u>
10	Did any persons become substantial contributors during the tay year?	CUMUL S	<b>E</b>	I 40	v	1

Form 990-PF (2010) GIBBS CHARITABLE FOUNDAT Part VII-B Statements Regarding Activities for Which F	ION Form 4720 May Be I	Required (contin	<u>57–11114</u> <sub>ued)</sub>	.50 Page 6
<ul> <li>5a During the year did the foundation pay or incur any amount to: <ul> <li>(1) Carry on propaganda, or otherwise attempt to influence legislation (section)</li> <li>(2) Influence the outcome of any specific public election (see section 4955); or any voter registration drive?</li> <li>(3) Provide a grant to an individual for travel, study, or other similar purposes.</li> <li>(4) Provide a grant to an organization other than a charitable, etc., organization 509(a)(1), (2), or (3), or section 4940(d)(2)?</li> <li>(5) Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals?</li> <li>b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und section 53.4945 or in a current notice regarding disaster assistance (see instru Organizations relying on a current notice regarding disaster assistance check h</li> <li>c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for expenditure responsibility for the grant?</li> <li>If "Yes," attach the statement required by Regulations section 53.4945</li> <li>6a Did the foundation, during the year, receive any funds, directly or indirectly, to a personal benefit contract?</li> <li>b Did the foundation, during the year, pay premiums, directly or indirectly, on a pif "Yes" to 6b, file Form 8870.</li> </ul> </li> <li>7a At any time during the tax year, was the foundation a party to a prohibited tax significant of the foundation receive any proceeds or have any net income attribution. Paid Employees, and Contractors</li> </ul>	or to carry on, directly or indirectly or indirectly or indirectly or indirectly or indirectly or indirectly or educational purposes, or der the exceptions described ictions)? Here from the tax because it maintates for the exceptions on the error of the tax because it maintates for the exceptions on the error of the exceptions on the error of the exception?	ectly,	s X No	5b X
1 List all officers, directors, trustees, foundation managers and their	compensation.			
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 6		0.	0.	0.
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000	<u> </u>	]		0

Form 990-PF (2010) GIBBS CHARITABLE FOUNDATION    Part VIII   Information About Officers, Directors, Trustees, F		111450 Page 7
Part_VIII_ Paid Employees, and Contractors (continued)	oundation Managoro, riiginy	
3 Five highest-paid independent contractors for professional services. If no	ne, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services  Part IX-A Summary of Direct Charitable Activities		<u>▶</u> 0
List the foundation's four largest direct charitable activities during the tax year. Include relevenumber of organizations and other beneficiaries served, conferences convened, research page 1.		Expenses
1 N/A		-
		<del></del>
2		
2		
3		
4		
D. AIV D.		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the ta	x year on lines 1 and 2.	Amount
1 N/A		
	-	

Form **990-PF** (2010)

All other program-related investments. See instructions.

Total. Add lines 1 through 3

P	art X Minimum Investment-Return (All domestic foundations must complete this part. Foreign foundations	ndations	s, see instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	T	<del></del>
a	Average monthly fair market value of securities	1a	0.
Ь		1b	152,050.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	152,050.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) . 1e 0 .		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	152,050.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	2,281.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	149,769.
6_	Minimum investment return. Enter 5% of line 5	6	7,488.
P	art XI  Distributable Amount (see instructions) (Section 4942(i)(3) and (i)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	ł
1	Minimum investment return from Part X, line 6	1	7,488.
2a	Tax on investment income for 2010 from Part VI, line 5		•
b	Income tax for 2010. (This does not include the tax from Part VI.)	1	
C	Add lines 2a and 2b	2c	9.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	7,479.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	7,479.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	7,479.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	1,720,244.
Þ	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,720,244.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		_
	income. Enter 1% of Part I, line 27b	5	<u> </u>
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,720,244.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	qualifies f	or the section

Form **990-PF** (2010)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	( <b>c)</b> 2009	<b>(d)</b> 2010
1 Distributable amount for 2010 from Part XI,		, , , , , , , , , , , , , , , , , , , ,		
line 7				7,479.
2 Undistributed income, if any, as of the end of 2010				. , , =
a Enter amount for 2009 only			0.	
b Total for prior years:				<del></del>
•		0.		•
3 Excess distributions carryover, if any, to 2010:				<del></del>
a From 2005   2,289,981.				
b From 2006 2,567,367.	:			
c From 2007 1,716,568.				
d From 2008 1,009,861.				
e From 2009 1,090,747.				
f Total of lines 3a through e	8,674,524.			
4 Qualifying distributions for 2010 from	0,0/4,344.			<del></del>
Part XII, line 4: ▶\$ 1,720,244.				
a Applied to 2009, but not more than line 2a			0.	
b Applied to undistributed income of prior			<u> </u>	
years (Election required - see instructions)		0.		
		0.		
c Treated as distributions out of corpus	^			
(Election required - see instructions)	0.			7 470
d Applied to 2010 distributable amount	1 710 765			7,479.
e Remaining amount distributed out of corpus	1,712,765.			
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
	10 207 200			
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	10,387,289.			
b Prior years' undistributed income. Subtract		,		
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed	<del></del>	0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2009. Subtract line			0	
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2010. Subtract				
lines 4d and 5 from line 1. This amount must				•
be distributed in 2011				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	0			
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005	0 000 001			
not applied on line 5 or line 7	2,289,981.			
9 Excess distributions carryover to 2011.	0 000 000			
Subtract lines 7 and 8 from line 6a	8,097,308.		. "	
10 Analysis of line 9:				
a Excess from 2006 2,567,367.				
b Excess from 2007 1,716,568.				
c Excess from 2008 1,009,861.				
d Excess from 2009 1,090,747.				
e Excess from 2010 1,712,765.				

	HARITABLE F		0) = =		111450 Page 10
Part XIV   Private Operating F			I-A; question 9)	N/A	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo		_	▶ └		
<b>b</b> Check box to indicate whether the found		ng foundation described		4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities		]			
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon:  a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)  b "Endowment" alternative test - enter			<del>                                     </del>	_	
2/3 of minimum investment return					
shown in Part X, line 6 for each year					
listed			<del> </del>		<del></del>
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest,					
dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income	<u> </u>	<u> </u>	<u> </u>		
Part XV Supplementary Info			if the foundatio	n had \$5,000 or n	nore in assets
at any time during t	he year-see the	instructions.)			
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh year (but only if they have contributed n			ributions received by th	e foundation before the c	lose of any tax
SEE STATEMENT 7					
b List any managers of the foundation wh			(or an equally large por	tion of the ownership of a	partnership or
other entity) of which the foundation ha	s a 10% or greater interes	st.			
NONE					
2 Information Regarding Contributi	on, Grant, Gift, Loan,	Scholarship, etc., Pi	ograms:		
Check here 🕨 🗶 if the foundation o	nly makes contributions	to preselected charitable	organizations and does	not accept unsolicited re	quests for funds. If
the foundation makes gifts, grants, etc.	(see instructions) to indiv	viduals or organizations u	inder other conditions,	complete items 2a, b, c, a	nd d.
a The name, address, and telephone num	ber of the person to who	m applications should be	addressed:		
					•
<b>b</b> The form in which applications should be	e submitted and informa	tion and materials they s	nould include:		
c Any submission deadlines:					
d Any restrictions or limitations on awards	s, such as by geographic	ai areas, charitable fields,	kinds of institutions, or	otner factors:	

3 Grants and Contributions Paid During the Y	ear or Approved for Future I	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year SEE ATTACHED SCHEDULE	or substantial contributor	recipient		1720244.
Total			<b>▶</b> 3a	1720244.
b Approved for future payment				
NONE				
Total	<del></del>	ı	▶ 3b	0.

## Part XVI-A - Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	(a) Business	business income (b)	(c) Exclu-	ed by section 512, 513, or 514 (d)	(e) Related or exempt
1 Program service revenue:	Business	Amount	sion	Amount	function income
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments		. <u>.</u>			
3 Interest on savings and temporary cash					
investments			14	469.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property			<del>- </del>		
6 Net rental income or (loss) from personal					
property			1		
7 Other investment income		·	1 1		
8 Gain or (loss) from sales of assets other					
than inventory			1 1		
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory			+		
11 Other revenue:			1		
<u>a</u>			+		
b	1 1		╁──╁		
C			<del></del>		
d	-		╂╼═╂╸		
e	-	0.	+ +	469.	
12 Subtotal. Add columns (b), (d), and (e)	<u> </u>		<u> </u>	13	0. 469.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)				13	403.
Part XVI-B Relationship of Activities	to the Accor	nplishment of E	xempt	Purposes	
Line No. Explain below how each activity for which inc	come is reported in	column (e) of Part XVI-A	A contribi	uted importantly to the accom	plishment of
the foundation's exempt purposes (other tha				,,	F
NOT APPLICABLE			_		
		•			
		<del> </del>			
1					<del></del>
	·- · ·				

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?  a Transfers from the reporting foundation to a noncharitable exempt organization of:  (1) Cash (2) Other assets  Dither transactions:  (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundrasing solicitations (5) Loans or loan guarantees (6) Performance of services or membership or fundrasing solicitations (6) It the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other asset or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.  a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangement, show in column (d) the value of the goods, other assets, or services received.  a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangement, show in column (d) the value of the goods, other assets, or services received.	art X	(VII Information Re Exempt Organ		sfers_To.a	and Transactions	and-Relat	ionships With Nonch	aritabl	е	<u></u>
the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?  a Transfers from the reporting foundation to a noncharitable exempt organization or:  (1) Cash  Other transactions:  (1) Sales of assets from a noncharitable exempt organization  (2) Purchases of assets from a noncharitable exempt organization  (3) Rental of facilities, equipment, or other assets  (4) Rental of facilities, equipment, or other assets  (5) Loans or large quaranterial exempt organizations  (6) Performance of services or membership or fundrasing solicitations  (6) Performance of services or membership or fundrasing solicitations  (6) Performance of services or membership or fundrasing solicitations  (8) Performance of services or membership or fundrasing solicitations  (9) The services organization or services organization or services organization or services over by the reporting foundation; if the foundation directly continued to the goods, other assets or services organization or sharing arrangement, show in column (g) the value of this goods, other assets or services over by the reporting foundation; if the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organization or sharing arrangement, show in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  Qs. If Yes, complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship  Ves  Final Light in the section of the section of relationship  Period Period organization organization organization or sharing arrangement, and to the best of the knowledge and boild, it is tun, surface that the section of gradient (other type throughout pagents, reculting accompanyors considered and statements, and to the best of type knowledge and boild, it is tun, surface that the section of gradient (other type throughout pagents, reculting accompanyors considered and statements, and to the best of type knowledge and boild, it is tun, surfac	Did 1			of the following	ng with any other organizat	ion described i	n section 501(c) of		Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of,  (1) Cash  (2) Other assets  b Other transactions:  (1) Sales of assets to an noncharitable exempt organization  (2) Purchases of assets from a noncharitable exempt organization  (3) Rental of Relatives, equipment, or other assets  (4) Reimbursement arrangements  (5) Loans or loan guarantees  (6) Performance of services or membership or fundraising solicitations  (6) Performance of services or membership or fundraising solicitations  (7) It is also of the assets or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (g) the value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (g) the value of the goods, other assets or services required.  (a) Inne no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangement, show in column (g) the value of the goods, other assets or services required.  (a) Inne no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangement, show in column (g) the value of the goods, other assets or services required.  (a) Inne no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangement, show in asset or services given by the reporting formation of the color of transfers, transactions, and sharing arrangement in section 501(c) of the Code (citer than section 501(c)(3)) or in section 52??  (a) In Yes, complete the following schedule.  (a) Inne no (organization (b) Type of organization (c) Description of transfers, transactions, and the following schedule as distancement, and to the beaf of y fromtedge and belief, it is bun, supplied to the complete										
(2) Other assets b Other transactions:  (1) Sales of assets from a nonchartable exempt organization  (2) Purchases of assets from a nonchartable exempt organization  (3) Rental of facilities, equipment, or other assets  (4) Reimbursement arrangements  (5) Loans or loan guarantees  (6) Performance of services or membership or fundratang solicitations  (7) Sharing of facilities, equipment, making lists, other assets, or paid employes  (8) Herformance of services or membership or fundrating solicitations  (9) Performance of services or membership or fundrating solicitations  (9) Performance of services or membership or fundrating solicitations  (10) A final solicities, equipment, making lists, other assets, or paid employes  (10) A final solicities, equipment, animaling lists, other assets, or paid employes  (10) A final solicities, equipment, animaling lists, other assets, or paid employes  (10) A final solicities, equipment, animaling lists, other assets, or paid employes  (10) A final solicities, equipment, animaling lists, other assets, or paid employes  (11) A final solicities, equipment, animaling lists, other assets, or paid employes  (12) Interest to any of the above is "res," complete the following included. Interest the following schedule. Column (4) the value of the goods, other assets, or services received.  (13) A final solicities animaling lists, other assets, or services received.  (14) Description of transfers, termination, and animal solicities animalized with, or related to, one or more tax-exempt organization of described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    17										
(P) Other assets b Other transactions:  (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations (8) Performance of services or membership or fundraising solicitations (9) Performance of services or membership or fundraising solicitations (1) Itel) (1) Itel (1) Itel (1) Itel (1) Itel (2) Itel (3) Loans or loan guarantees (1) Performance of services or membership or fundraising solicitations (1) Itel (3) Itel (4) Performance of services or membership or fundraising solicitations (5) Performance of services or membership or fundraising solicitations (6) Performance of services or membership or fundraising solicitations (6) Performance of services or services or services or services green by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.  (1) Amount involved (2) Amount i				•	-			1a(1)		X
b Other transactions:  (1) Sales of assets to an oncharitable exempt organization  (2) Purchase of assets from a noncharitable exempt organization  (3) Remail of facilities, equipment, or other assets  (4) Rembursement arrangements  (5) Loans or loan quarantees  (6) Performance of services or membership or fundraising solicitations  (7) Intelligence of the above is "res," complete the following schedule. Column (b) should always show the fair market value of the goods, other asset or services greened.  (8) Intelligence of the value of the goods, other assets, or paid employees  (9) Intelligence on the respect of foundation in the column (b) the value of the goods, other assets, or services precised.  (9) Intelligence of the value of the goods, other assets, or services precised.  (9) Intelligence of the code (on the goods, other assets, or services precised.  (9) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangement, show in section 501(c) of the Code (other than section 501(c))) or in section 527?  (a) Intelligence of the Code (other than section 501(c))) or in section 527?  (b) If Yes, complete the following schedule.  (a) Name of organization (b) Itype of organization (c) Description of relationship  N/A  (b) Index penalties of popty, i disciser that Theve examined this prime, including accompanying exhedules and elements, and to the best of py knowledge and belief, it is tue, Signalized of thick for trustee  (c) STANFORD  HALLIDAY, III  Firm's EIN PINN's EI									$\overline{}$	X
(2) Purchases of assests from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations (6) Performance of services or membership or fundraising solicitations (7) Item (8) Performance of services or membership or fundraising solicitations (8) Performance of services or membership or fundraising solicitations (8) Performance of services or membership or fundraising solicitations (9) Item of the above is Yes', complete the following schedule. Column (b) should always show the fair market value of the goods, other assets or services preserved.  (9) Amount involved (1) Amount involved (1) Amount involved (2) Name of noncharitable exempt organization (3) Description of transfers, transactions, and sharing arrangement, show in N/A  (4) Description of transfers, transactions, and sharing arrangement in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  (2) If Yes', complete the following schedule. (3) Name of organization (4) Type of organization (5) Type of organization (6) Description of relationship  N/A  (6) Description of relationship  N/A  (7) Description of relationship  N/A  (8) Description of relationship  N/A  Sign Here  (9) Transfers armae  O STANFORD  HALLIDAY, III  Firm's same ► MCABBE, TALBERT HALLIDAY CO.  Firm's SIN ►	٠.									
(2) Purchases of assests from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations (6) Performance of services or membership or fundraising solicitations (7) Item (8) Performance of services or membership or fundraising solicitations (8) Performance of services or membership or fundraising solicitations (8) Performance of services or membership or fundraising solicitations (9) Item of the above is Yes', complete the following schedule. Column (b) should always show the fair market value of the goods, other assets or services preserved.  (9) Amount involved (1) Amount involved (1) Amount involved (2) Name of noncharitable exempt organization (3) Description of transfers, transactions, and sharing arrangement, show in N/A  (4) Description of transfers, transactions, and sharing arrangement in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  (2) If Yes', complete the following schedule. (3) Name of organization (4) Type of organization (5) Type of organization (6) Description of relationship  N/A  (6) Description of relationship  N/A  (7) Description of relationship  N/A  (8) Description of relationship  N/A  Sign Here  (9) Transfers armae  O STANFORD  HALLIDAY, III  Firm's same ► MCABBE, TALBERT HALLIDAY CO.  Firm's SIN ►	(1)	Sales of assets to a noncharita	ıble exempt organiza	tion				16(1)	ı	х
(4) Rembursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundrasing solicitations (7) Loans or loan guarantees (8) Performance of services or membership or fundrasing solicitations (8) Loans or loan guarantees (9) Performance of services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (g) the value of the goods, other asset or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (g) the value of the goods, other asset, or services repeated.  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organization  A) A  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(g)) or in section 527?  B If Yes, complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A  Sign and complete Description of giptiane (other that I have examined this giptum, including accompanying schedules and diatements, and to the best of my knowledge and belief, it is true, signal to other or trustee  Date  Preparer  Fighalize of other or trustee  O, STANFORD  HALLIDAY, III  Firm's same > MCABBE, TALBERT HALLIDAY& CO.  Firm's sill > Firm's same > MCABBE, TALBERT HALLIDAY& CO.										Х
(4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations (7) Entermance of services or membership or fundraising solicitations (8) Performance of services or membership or fundraising solicitations (8) Performance of services or membership or fundraising solicitations (8) Performance of services or membership or fundraising solicitations (8) Performance of services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (4) the value of the goods, other assets, or services received.  (9) Amount involved (9) Amount involved (1) Amount involved (2) Name of nonchartable exempt organization (3) Description of transfers, transactions, and sharing arrangement, show in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  [1] Yes  1] Yes  1] Yes  1] Yes  1] Yes  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  [2] Yes  1] Yes  1] Yes  1] Yes, complete the following schedule.  (a) Name of organization (b) Type of organization (c) Description of relationship  N/A  2] Sign Amreo of other or trustee  2] Under penalties of performance that performance this geturn, including accompanying schedules and statements, and to the best of rpy knowledge and ballet, it is true, and complete Description of performance (this performance) of the penalties of performance (this performance) of the penalties of performance (this performance) of the penalties of performance (this penalties) is based or all information of which prepare has any knowledge and ballet, it is true, and complete Description of penalties of other trustee  2] Penalties of other or trustee  2] Penalties of other or trustee  2] Penalties of other or trustee  3] Penalties of other or trustee  4] Penalties of other or trustee  4]	(3)	Rental of facilities, equipment,	or other assets						$\overline{}$	Х
(6) Performance of services or membership or fundraising solicitations  Sharing of facilities, equipment, making lists, other assets, or paid employees  If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other asset or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other asset or services received.  a) time no (b) Amount involved (c) Name of nonchartable exempt organization (d) Description of transfers, transactions, and sharing arrangement, show in column (d) the value of the goods, other asset or services received.  N/A  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  Yes  If "Yes," complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A  Sign  Honder penalties of pegifty, I declare that I have examined this gatum, including accompanying schedules and statements, and to the best of rey knowledge and belief, it is true, and complete Designation of genture (other that pageing schedules) is based on all information of which propare; has any knowledge  Print/Type preparer's name  O. STANFORD  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Preparer's signature  Print/Type preparer's name  Preparer's signature  Preparer's signature  Preparer's signature  Print/Type preparer's name  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's	(4)	Reimbursement arrangements	;					1b(4)		Х
E Sharing of facilities, equipment, mailing lists, other assets, or paid employees  It  It  It  It  It  It  It  It  It  I	(5)	Loans or loan guarantees						1b(5)		X
d If the answer to any of the above is Yes,* complete the following schedule. Column (b) should always show the fair market value of the goods, other asset or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.  a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangement.  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  2b If Yes,* complete the following schedule.  (a) Name of organization (b) Type of organization (e) Description of relationship N/A  N/A  Under penalties of pegifty, I declare that I have examined this jettum, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, Signature of offficer or trustee  Print/Type preparer's name  Q. STANFORD  HALLIDAY, III  Firm's name ➤ MCABBE, TALBERT HALLIDAY & CO: Firm's EIN ➤	(6)	Performance of services or me	embership or fundrai	sing solicitatio	ons			1b(6)		X
or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (a) the value of the goods, other assets, or services received.    3   June no   (b) Amount involved   (c) Name of nonchartable exempt organization   (d) Description of transfers, transactions, and sharing arrangement, show in N/A	: Shar	ring of facilities, equipment, ma	uling lists, other asse	ets, or paid em	ployees			1c		X
column (d) the value of the goods, other assets, or services received.  a) Line no  (b) Amount involved  (c) Name of noncharitable exempt organization  (d) Description of transfers, transactions, and sharing arrangements of transfers.  (d) Description of transfers, transactions, and sharing arrangements of transfers, transactions, and sharing arrangements.  (e) Namo of noncharitable exempt organization  (f) Description of transfers, transactions, and sharing arrangements.  (g) Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  [Yes  If Yes, complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A  [Vinder penalties of perfery, I declare that I have examined this jetum, including accompanying schedules and statements, and to the best of try knowledge and belief, it is true, and ormplete Description of gestimate (other tips tax payers of educerary is based on all information of which prepare has any knowledge.    Vinder penalties of perfery, I declare that I have examined this jetum, including accompanying schedules and statements, and to the best of try knowledge and belief, it is true, signature of officer or trustee    Vinder penalties of perfery, I declare that I have examined this jetum, including accompanying schedules and statements, and to the best of try knowledge and belief, it is true, signature of officer or trustee    Vinder penalties of perfery, I declare that I have examined this jetum, including accompanying schedules and statements, and to the best of try knowledge and belief, it is true, signature of officer or trustee    Vinder penalties of perfery, I declare that I have examined this jetum, including accompanying schedules and statements, and to the best of try knowledge and belief, it is true, signature of officer or trustee.    Vinder penalties of perfery, I declare that I have e	d If the	e answer to any of the above is	"Yes," complete the	following sche	edule. Column (b) should a	lways show th	e fair market value of the goods	s, other as	sets,	
a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrain N/A  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  Yes  If Yes, complete the following schedules  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A  Under persities of perfery, I declare that I have examined this jetum, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, and complete operations of get favore complete procession	or se	ervices given by the reporting f	oundation. If the fou-	ndation receiv	ed less than fair market va	lue in any trans	saction or sharing arrangement	, show in		
N/A    Signature of officer or trustee   Date   Date   Title	colu	mn (d) the value of the goods,	other assets, or serv	rices received.			·			
2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?	Line no	(b) Amount involved	(c) Name of	f noncharitable	e exempt organization	(d) Des	cription of transfers, transactions, ar	nd sharing a	палдете	ints
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Sign   Under penalties of periodry, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, and complete Declaration of graphers (other than taxpayer or induciary) is based on all information of which preparer, has any knowledge    Print/Type preparer's name   Preparer's signature   Date   Check   If   PTIN	<del></del>			<u> N/A</u>			···			
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Sign   Under penalties of periodry, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, and complete Declaration of graphers (other than taxpayer or induciary) is based on all information of which preparer, has any knowledge    Print/Type preparer's name   Preparer's signature   Date   Check   If   PTIN								·· ····		
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Sign   Under penalties of periodry, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, and complete Declaration of graphers (other than taxpayer or induciary) is based on all information of which preparer, has any knowledge    Print/Type preparer's name   Preparer's signature   Date   Check   If   PTIN				·						
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Sign   Under penalties of periodry, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, and complete Declaration of graphers (other than taxpayer or induciary) is based on all information of which preparer, has any knowledge    Print/Type preparer's name   Preparer's signature   Date   Check   If   PTIN							<del>,</del>			
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Sign   Under penalties of periodry, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, and complete Declaration of graphers (other than taxpayer or induciary) is based on all information of which preparer, has any knowledge    Print/Type preparer's name   Preparer's signature   Date   Check   If   PTIN										
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Sign   Under penalties of periodry, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, and complete Declaration of graphers (other than taxpayer or induciary) is based on all information of which preparer, has any knowledge    Print/Type preparer's name   Preparer's signature   Date   Check   If   PTIN		<del> </del>								
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Sign   Under penalties of periodry, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, and complete Declaration of graphers (other than taxpayer or induciary) is based on all information of which preparer, has any knowledge    Print/Type preparer's name   Preparer's signature   Date   Check   If   PTIN			<u> </u>							
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Sign   Under penalties of periodry, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, and complete Declaration of graphers (other than taxpayer or induciary) is based on all information of which preparer, has any knowledge    Print/Type preparer's name   Preparer's signature   Date   Check   If   PTIN			ļ							
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Sign   Under penalties of periodry, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, and complete Declaration of graphers (other than taxpayer or induciary) is based on all information of which preparer, has any knowledge    Print/Type preparer's name   Preparer's signature   Date   Check   If   PTIN		<u> </u>					J <u>.</u>			
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Sign   Under penalties of periodry, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, and complete Declaration of graphers (other than taxpayer or induciary) is based on all information of which preparer, has any knowledge    Print/Type preparer's name   Preparer's signature   Date   Check   If   PTIN							·····			
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Sign   Under penalties of periodry, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, and complete Declaration of graphers (other than taxpayer or induciary) is based on all information of which preparer, has any knowledge    Print/Type preparer's name   Preparer's signature   Date   Check   If   PTIN			<del></del>							
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Sign   Under penalties of periodry, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, and complete Declaration of graphers (other than taxpayer or induciary) is based on all information of which preparer, has any knowledge    Print/Type preparer's name   Preparer's signature   Date   Check   If   PTIN										
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Sign   Under penalties of periodry, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, and complete Declaration of graphers (other than taxpayer or induciary) is based on all information of which preparer, has any knowledge    Print/Type preparer's name   Preparer's signature   Date   Check   If   PTIN						_	· · · · · · · · · · · · · · · · · · ·			
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Sign   Under penalties of periodry, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, and complete Declaration of graphers (other than taxpayer or induciary) is based on all information of which preparer, has any knowledge    Print/Type preparer's name   Preparer's signature   Date   Check   If   PTIN		ļ					···			
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Sign   Under penalties of periodry, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, and complete Declaration of graphers (other than taxpayer or induciary) is based on all information of which preparer, has any knowledge    Print/Type preparer's name   Preparer's signature   Date   Check   If   PTIN		-					· · · · · · · · · · · · · · · · · · ·			
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Sign   Under penalties of periodry, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, and complete Declaration of graphers (other than taxpayer or induciary) is based on all information of which preparer, has any knowledge    Print/Type preparer's name   Preparer's signature   Date   Check   If   PTIN		<u> </u>	<u> </u>							
b if "Yes," complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A  Under penalties of perion, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, and complete Declaration of preparer (other than taxpayer of induciary) is based on all information of which preparer, has any knowledge    Vital Print/Type preparer's name   Preparer's signature   Date   Check   If   PTIN						iizations descri	bed	<del></del>	-	7
(a) Name of organization  N/A  Under penalties of pendry, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, and complete Declaration of preparer (other that taxpayer of induciary) is based on all information of which preparer, has any knowledge  Viginature of officer or trustee  Print/Type preparer's name  Q. STANFORD  HALLIDAY, III  Preparer  Firm's name MCABEE, TALBERT HALLIDAY & CO.  Firm's EIN				)(3)) or in sect	tion 527?			Yes	LX	No
N/A  Sign Here  Under penalties of perion, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, and complete Declaration of perparer (other than taxpayer or induciary) is based on all information of which preparer, has any knowledge  Signature of officer or trustee  Print/Type preparer's name  Q. STANFORD  HALLIDAY, III  Preparer  Firm's name MCABEE, TALBERT HALLIDAY & CO.  Firm's EIN	) If "Ye				(h) Turn of arrangement	<del> </del>	(a) December of relation			
Under penalties of perdry, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, and complete Declaration of preparer (other than taxpayer of induciary) is based on all information of which preparer, has any knowledge    Signature of officer or trustee   Date   Title		<del></del>	janization		(b) Type of organization	<b> </b>	(c) Description of relation	isnip		
Sign Here    A complete Declaration of preparer (other than taxpayer of induciary) is based on all information of which preparer, has any knowledge   Title		N/A				<del> </del>				
Sign Here    A complete Declaration of preparer (other than taxpayer of induciary) is based on all information of which preparer, has any knowledge   Title			•							
Sign Here    A complete Declaration of preparer (other than taxpayer of induciary) is based on all information of which preparer, has any knowledge   Title										
Sign Here    A complete Declaration of preparer (other than taxpayer of induciary) is based on all information of which preparer, has any knowledge   Title					<del></del>					
Sign Here    A complete Declaration of preparer (other than taxpayer of induciary) is based on all information of which preparer, has any knowledge   Title		Under penalties of penalty. I declare	e that I have examined the	nis return includi	Ing accompanying schedules at	nd statements, an	id to the best of my knowledge and b	nelief it is tr	ue corre	
Propagation	Sian							/	40, 40	J.,
Signature of officer or trustee  Print/Type preparer's name  Q. STANFORD  HALLIDAY, III  Preparer  Firm's name ► MCABEE, TALBERT HALLIDAY & CO.  Firm's EIN ►		Marken	Marker 55/11/11.							
Print/Type preparer's name  Q. STANFORD  HALLIDAY, III  Preparer  Firm's name ► MCABEE, TALBERT HALLIDAY & CO.  Print/Type preparer's name  Preparer's signature  Date  Check if PTIN  self- employed  Firm's EIN ►		Signature of officer or tru	istee.		Date		Title	<u> </u>		
Q. STANFORD HALLIDAY, III Preparer Firm's name MCABEE, TALBERT HALLIDAY & CO.  Firm's EIN		<u> </u>		Preparer's si		Date		 I		
Paid HALLIDAY, III HALLIDAY & CO. Firm's EIN ►				1	111/2	1 _//		-		
Preparer Firm's name ► MCABEE, TALBERT HALLIDAY & CO. Firm's EIN ►	aid	, <del></del>		KPV KK	1861801	5/9/11				
				EDU /	ALLIDAY & CO	<del>T//</del>	Firm's CIM			
	_					•	Film S CIN			
Firm's address ► SPARTANBURG, SC 29302 Phone no. (864) 583		·	886							

## Schedule B

**Schedule of Contributors** 

OMB No -1545-0047--- -

or 990-PF) Department of the Treasury Internal Revenue Service ➤ Attach to Form 990, 990-EZ, or 990-PF.

2010

Name of the organization	Employer identification number							
GIBBS CHARITABLE FOUNDATION 57-111145								
Organization type (check								
Filers of:	Section:							
Form 990 or 990-EZ	501(c)( ) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	X 501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in molete Parts I and II.	noney or property) from any one						
Special Rules								
For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.								
aggregate contrib	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III							
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year								
but it must answer "No" or	that is not covered by the General Rule and/or the Special Rules does not file Schedule In Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line It ling requirements of Schedule B (Form 990, 990-EZ, or 990-PF).							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Schedule B (F	orm 990, 990-EZ, or 990-PF) (2010)		Employ	Page 1 of 1 of Part I
	311/28/10/8	•		
	CHARITABLE FOUNDATION		57	-1111450
Part I	Contributors (see instructions)	<del></del>		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions		(d) Type of contribution
1	GIBBS INTERNATIONAL, INC.  PO BOX 1727  SPARTANBURG, SC 29304	\$ <u>2,600,0</u>	00.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribut	ions	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribut	ione	(d) Type of contribution
		\$		Person Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribut	ions	(d) Type of contribution
	- Hame, address, and En + +	\$		Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribut	ions	(d) Type of contribution
		\$	<del></del>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribut	ions	(d) Type of contribution
	,	\$		Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B	(Form	990,	990-EZ,	or 990-PF	(2010)

Page of of Employer identification number Name of brganization 57-1111450 GIBBS CHARITABLE FOUNDATION

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		   s	·
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		     \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	

Schedule B (Fo	rm 990, 990-EZ, or 990-PF) (2010) anization		Page of of Part III  Employer identification number
Part III	CHARITABLE FOUNDATION  Exclusively religious, charitable, etc., in more than \$1,000 for the year. Complete Part III, enter the total of exclusively religions \$1,000 or less for the year. (Enter this info	e columns (a) through (e) and the ous, chantable, etc., contributions	57-1111450 n 501(c)(7), (8), or (10) organizations aggregating following line entry. For organizations completing of
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No.	(b) Dumana of sife	(a) the of sife	(A) Description of how sift in hold
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
_	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee

FORM 990-PF INTEREST ON SAV	INGS AND TEM	PORARY CAS	H I	NVESTMENTS	STATEMENT	1
SOURCE					AMOUNT	
INTEREST FROM SAVINGS						469.
TOTAL TO FORM 990-PF, PART I	, LINE 3, CO	LUMN A				469.
FORM 990-PF	ACCOUNTI	NG FEES	<del></del>		STATEMENT	2
DESCRIPTION	<b>EXPENSES</b>		T-	(C) ADJUSTEI NET INCOM	(D) CHARIT ME PURPO	ABLE
ACCOUNTING AND TAX PREP	950.		0.		0.	0.
TO FORM 990-PF, PG 1, LN 16B	950.		0.		0.	0.
FORM 990-PF	TAX	ES	-		STATEMENT	. 3
DESCRIPTION	<b>EXPENSES</b>		ST-	(C) ADJUSTEI NET INCOM	(D) CHARIT ME PURPO	ABLE
FEDERAL TAXES 990	7.		0.		0.	0.
TO FORM 990-PF, PG 1, LN 18	7.		0.		0.	0.
FORM 990-PF	OTHER F	UNDS			STATEMENT	. 4
DESCRIPTION			BEG	(A) INNING OF YEAR	(B) END OF YEAR	,
<del></del>		_	<del></del>	108,974.	988,	242.
TOTAL TO FORM 990-PF, PART I	I, LINE 29	_		108,974.	988,	242.
		_				

*			
FORM_990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT	5
NAME OF CONTRIBUTOR	ADDRESS		

GIBBS INTERNATIONAL, INC.

PO BOX 1727 SPARTANBURG, SC 29304

JIMMY AND MARSHA GIBBS

		ST OF OFFICERS, DIRECTORS D FOUNDATION MANAGERS			
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT	
JIMMY I. GIBBS 485 MOCKINGBIRD LANE	TRUSTEE 0.00	0.	0.	0.	
MARSHA H. GIBBS 485 MOCKINGBIRD LANE	TRUSTEE 0.00	0.	0.	0.	
SIDNEY H. WALKER	TRUSTEE 0.00	0.	0.	0.	
ALLEN O. CLARK	TRUSTEE 0.00	0.	0.	0.	
J. BRIAN HONEYCUTT	TRUSTEE 0.00	0.	0.	0.	
JOE LESESNE	TRUSTEE 0.00	0.	0.	0.	
TOTALS INCLUDED ON 990-PF, PAG	GE 6, PART VIII	0.	0.	0.	

FORM 990-PF PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT

7

NAME OF MANAGER

JIMMY I. GIBBS MARSHA H. GIBBS

Attachment to Forr 2010	•	t XV, Line 3A		2010	200
Recipient name & address	Individual	Status	Purpose	Total	
Recipient name à address	IIIOIVIODAI	Status	raipose	Total	
Bearden Josey Center for Breast Research 101 East Wood Street	N/A	Tax Ex	Chantable	0 00	5000
Spartanburg, SC 29303					
Alterna International Line of Constantium	N/A	Tax Ex	Charitable	0.00	
Altrusa International, Inc of Spartanburg P O Box 6221	IN/A	1ax Ex	Chantable	1 000	
Spartanburg, SC 29301-6221					
American Diabetes Association	N/A	Tax Ex	Chantable	0 00	
119 Eastwood Circle Spartanburg,S C 29302 577-0660					
<del></del>	·				
Arts Partnership of Greater Spartanburg	N/A	Tax Ex	Chantable	50,000 00	5000
385 S Spring Street Spartanburg, SC 29306	<del> </del>				
Spanialiping, 3C 25300				1	
Beaumont United Methodist Church	N/A	Tax Ex	Сһаптаы	0 00	100
587 North Liberty Street Spartanburg, SC	<del> </del>			+	
Connie Maxwell Childrens Home	N/A	Tax Ex	Chantable	15,000 00	0
O Box 1178					
Greenwood ,S C 29648	<del>   </del>			<del></del>	
Glendale Academy	N/A	Tax Ex	Chantable	20,000 00	0
O Box 99					
Paul,ine,S C 29374				<del>-  </del>	
Boy Scouts of America	N/A	Tax Ex	Charitable	3,500 00	
Palmetto Council, Inc P O Box 6248, 420 South Church Street	<del> </del>			<del>                                     </del>	
Spartanburg, SC 29304					
Boys & Girls Club of Metro Spartanburg O Box 2794	N/A	Tax Ex	Chantable	0 00	
Spartanburg, SC 29304					
The Brain Injury Association The Checkered Ball	N/A	Tax Ex	Chantable	0 00	
O Box 218		10.2.	O TOTAL COLOR		
At Pleasant, N.C. 28124 The National Brain Injury Research Treatment & Training Foundation	- I		Chantable	0 00	1000 (
01 C3 P-Tax # 31-1734947 Phone #704-436-6527	1		Chantable	- 000	1000 (
O Box 1582, 187 North Church Street					
ancer Assoc of Spartanburg & Cherokee County	N/A	Tax Ex	Chantable	0 00	1500 (
87 N Church St.					
partanburg,S C 582-0771	<del>                                     </del>		<del> </del>	<del> </del>	
charles Lea Learning Foundation	N/A	Tax Ex	Chantable	250 00	250 (
95 Burdette Dr. Spartanburg,S C. 29307 585-0322	<del>                                     </del>			1	
				<del> </del>	
hildrens Advocay Center of Spartanburg	N/A	Tax Ex	Charitable	10,000 00	125 (
00 Washington Place partanburg,S C 29302	<del>                                     </del>		<del></del>	+	
harles Lea Center 95 Burdette St	N/A	Tax Ex	Chantable	0 00	500 0
partanburg, SC 29307-1003					
ommunity New Life Church	AL/A	Teur	Chambell	500.00	
ommunity New Life Church 23 Sibley St.	N/A	Tax Ex	Chantable	500 00	_0 0
na, S C					
onverse College	N/A	Tax Ex	Chantable	105,500 00	5000 0
B0 E Main Street	OVA.	, ux Lx	Girls Day	0 00	0.0
partanburg, SC 29302-0006					
irst Baptist Church of Spartanburg-Encouraging Word Ministnes	N/A	Tax Ex	Chantable	244,000 00	125000 0
50 E Main Street		. 20 40			
partanburg, SC 29306				-	
rst Baptist Church of Spartanburg	N/A	Tax Ex	Chantable	210,463 92	294144 4

Gibbs Charitable Foundation Attachment to Form 990-PF, Part XV, Line 3A 2010 2010					
Recipient name & address	Industrial	Status	Purpose	Total	
250 E Main Street	Individual	Status	ruipose	1000	
Spartanburg, SC 29306					
			<u> </u>	100.00	
South Carolina Christian Foundation	N/A	Tax Ex	Chantable	100 00	100 00
P O Box 2397 Spartanburg, South Carolina 29304	+	<del> </del>	<del> </del>	<del>   </del>	
Sparializary, Court Calonia 20004	<del> </del>	<del> </del>	1	<del>                                     </del>	
North Point Ministries-North Point Comm Churh	N/A	Tax Ex	Chantable	0 00	250 00
4350 North Point Parlway					
Alpharetta, Ga 30022	<del></del>		<del></del>	1 1	
Moriah Baptist Church	N/A	Tax Ex	Charitable	0 00	500 00
445 S Church St.					
Spartanburg,S C					
March of Dunce	N/A	T- F	Character .	4 000 00	1250.00
March of Dimes 37 Villa Road B-123	N/A	Tax Ex	Charitable	1,000 00	1250 00
Greenville,S C 29615	<del> </del>		+	-	
Senior Center of Spartanburg County	N/A	Tax Ex	Charitable	500 00	250 00
1605 Drayton Rd Spartanburg,S C 29304	<del> </del>	<del>                                     </del>	<del> </del>	<del> </del>	
oparanoury,3 C 23304	+	<del></del>	<del> </del>	<del>                                     </del>	
Adult Learning Center	N/A	Tax Ex	Chantable	0 00	500 00
145 N Church St					
Spartanburg,S C 29302					
Middle Tuger Community Conter	N/A	Tou Ev	Chartable	6 000 00	6000.00
Middle Tyger Community Center  84 Groce Road	N/A	Tax Ex	Chantable	6,000 00	6000 00
Lyman, SC 29365	<del>                                     </del>		<del></del>		
Ellen Hines Smith Girls Home	N/A	Tax Ex	Chantable	200 00	100 00
241 Cedar Springs Rd			ļ <u>.</u>	<del> </del>	
Spartanburg, SC 29302 Phone #864-573-9223	+		ļ	<del>                                     </del>	
Hub City Writes Project	N/A	Tax Ex	Chantable	5,000 00	0 00
187 N Church St					
Spartanburg,S C 29306					
Miracles Hill Ministries	N/A	Tax Ex	Chantable	50,000 00	25000 00
P O Box 2546	100	180.20	Chantable	30,000 00	23000 00
Greenville ,S C 29602					
P K Outreach, Inc 4938 Bible Church Road	N/A	Tax Ex	Chantable	250 00	150 00
Spartanburg, SC 29316	<del> </del>		<del> </del>	<del> </del>	
				tt	
Roebuck Baptist Church	N/A	Tax Ex	Charitable	13,000 00	12000 00
P O Box 490, 1979 E Blackstock Road			ļ	<del> </del>	
Roebuck, SC 29376			<del> </del>	<del>  </del>	
Salvation Army	N/A	Tax Ex	Charitable	0 00	1000 00
157 S Pine St					
Spartanburg, S.C. 29302					
	<del> </del>			<u> </u>	
Spartanburg County Foundation 424 East Kennedy Street	N/A	Tax Ex	Chantable	1,250 00	1000 00
Spartanburg, S C 29302	<del> </del>		<del> </del>	<del>  </del>	
			<del> </del>	<del>  -</del>	
Spartanburg Methodist College	N/A	Tax Ex	Charitable	0.00	250 00
1000 Powell Mill Road			<b>!</b>	ļ <u>-</u>	
Spartanburg, South Carolina	<del> </del>		<del> </del>	<del> </del>	
Sherman College	N/A	Tax Ex	Chantable	0 00	20000 00
2020 Springfield Rd				1	
Boiling Springs 21319 578-8770					
CDUD F	<del> </del>	<del></del>	L	<u> </u>	40.000
SRHS Foundation Christy Spears Same as SRMC	N/A	Tax Ex	Emergency Contac	0 00	101000 00
Spartanburg, SC 29303	<del> </del>		Emergency Center Hospice	10,005 00	
			. 1000100		
Spartanburg Regional Foundation -Cancer Board	N/A	Tax Ex	Charitable	400,000 00	350000 00
101 E Wood Street					
Spartanburg, SC 29303	<del>  </del>		<del> </del>	<del> </del>	
<del>· · · · · · · · · · · · · · · · · · · </del>	i		<u> </u>	<u> </u>	

Gibbs Charitable Foundation
Attachment to Form 990-PF, Part XV, Line 3A
2040

Recipient name & address  Urban League of the Upstate 351-G E Henry St Spartanburg, S C 29302 594-4632  United Way of The Piedmont 101 W St John St. Spartanburg, S C 29378 582-7556  Walker Foundation 355 Cedar Springs Road Spartanburg, S C 29302  Hands and Feet Project P O Box 682105 Franklin, Tennessee ,37068  HIS Radio Network-WLFJ& WGFJ 2420 Wade Hampton Boulevard Greenville, SC 29615  Wofford College Total to Wofford \$421,450 429 North Church Street Spartanburg, SC 29303-3663  Greer Community Center P O Box 1373 Greer, South Carolina 29652	N/A N/A N/A N/A	Status Tax Ex  Tax Ex  Tax Ex  Tax Ex	Purpose Chantable Chantable Chantable Chantable	Total 0.00 1,000 00 10,000 00	1000.00
351-G E Henry St Spartanburg,S C 29302 594-4632  United Way of The Piedmont 101 W St John St Spartanburg,S C 29378 582-7556  Walker Foundation 355 Cedar Springs Road Spartanburg, SC 29302  Hands and Feet Project P O Box 682105 Franklin,Tennessee ,37068  HIS Radio Network-WLFJ& WGFJ 2420 Wade Hampton Boulevard Greenville, SC 29615  Wofford College Total to Wofford \$421,450 429 North Church Street Spartanburg, SC 29303-3663  Greer Community Center P O Box 1373	N/A N/A	Tax Ex Tax Ex	Chantable	1,000 00	1000.0
351-G E Henry St Spartanburg,S C 29302 594-4632  United Way of The Piedmont 101 W St John St. Spartanburg,S C 29378 582-7556  Walker Foundation 355 Cedar Springs Road Spartanburg, SC 29302  Hands and Feet Project P O Box 682105 Franklin,Tennessee ,37068  HIS Radio Network-WLFJ& WGFJ 2420 Wade Hampton Boulevard Greenville, SC 29615  Wofford College Total to Wofford \$421,450 429 North Church Street Spartanburg, SC 29303-3663  Greer Community Center P O Box 1373	N/A N/A	Tax Ex			
351-G E Henry St Spartanburg, S C 29302 594-4632  United Way of The Piedmont 101 W St John St. Spartanburg, S C 29378 582-7556  Walker Foundation 355 Cedar Springs Road Spartanburg, SC 29302  Hands and Feet Project P O Box 682105 Franklin, Tennessee ,37068  HIS Radio Network-WLFJ& WGFJ 2420 Wade Hampton Boulevard Greenville, SC 29615  Wofford College Total to Wofford \$421,450 429 North Church Street Spartanburg, SC 29303-3663  Greer Community Center P O Box 1373	N/A N/A	Tax Ex			
United Way of The Piedmont 101 W St John St. Spartanburg, S C 29378 582-7556  Walker Foundation 355 Cedar Springs Road Spartanburg, SC 29302  Hands and Feet Project P O Box 682105 Franklin, Tennessee ,37068  HIS Radio Network-WLFJ& WGFJ 2420 Wade Hampton Boulevard Greenville, SC 29615  Wofford College Total to Wofford \$421,450 429 North Church Street Spartanburg, SC 29303-3663  Greer Community Center P O Box 1373	N/A		Chantable	10,000 00	
101 W St John St.  Spartanburg, S C 29378 582-7556  Walker Foundation 355 Cedar Springs Road Spartanburg, SC 29302  Hands and Feet Project P O Box 682105 Franklin, Tennessee ,37068  HIS Radio Network-WLFJ& WGFJ 2420 Wade Hampton Boulevard Greenville, SC 29615  Wofford College Total to Wofford \$421,450 429 North Church Street Spartanburg, SC 29303-3663  Greer Community Center P O Box 1373	N/A		Chantable	10,000 00	
Spartanburg, S C 29378 582-7556  Walker Foundation 355 Cedar Springs Road Spartanburg, SC 29302  Hands and Feet Project P O Box 682105 Franklin, Tennessee ,37068  HIS Radio Network-WLFJ& WGFJ 2420 Wade Hampton Boulevard Greenville, SC 29615  Wofford College Total to Wofford \$421,450 429 North Church Street Spartanburg, SC 29303-3663  Greer Community Center P O Box 1373		Tax Ex		t t	10000 0
355 Cedar Springs Road Spartanburg, SC 29302  Hands and Feet Project P O Box 682105 Franklin, Tennessee ,37068  HIS Radio Network-WLFJ& WGFJ 2420 Wade Hampton Boulevard Greenville, SC 29615  Wofford College Total to Wofford \$421,450 429 North Church Street Spartanburg, SC 29303-3663  Greer Community Center P O Box 1373		Tax Ex	<del></del>		
355 Cedar Springs Road Spartanburg, SC 29302  Hands and Feet Project P O Box 682105 Franklin, Tennessee ,37068  HIS Radio Network-WLFJ& WGFJ 2420 Wade Hampton Boulevard Greenville, SC 29615  Wofford College Total to Wofford \$421,450 429 North Church Street Spartanburg, SC 29303-3663  Greer Community Center P O Box 1373		Tax Ex	Endowment/	500 00	0720.4/
Hands and Feet Project P O Box 682105 Franklin, Tennessee ,37068 HIS Radio Network-WLFJ& WGFJ 2420 Wade Hampton Boulevard Greenville, SC 29615 Wofford College Total to Wofford \$421,450 429 North Church Street Spartanburg, SC 29303-3663 Greer Community Center P O Box 1373	N/A	1	Walker Hall	500 60	9720 10
P O Box 682105 Franklin,Tennessee ,37068  HIS Radio Network-WLFJ& WGFJ 2420 Wade Hampton Boulevard Greenville, SC 29615  Wofford College Total to Wofford \$421,450 429 North Church Street Spartanburg, SC 29303-3663  Greer Community Center P O Box 1373	N/A	<del> </del>	Scholarships		
Franklin,Tennessee ,37068  HIS Radio Network-WLFJ& WGFJ 2420 Wade Hampton Boulevard Greenville, SC 29615  Wofford College Total to Wofford \$421,450 429 North Church Street Spartanburg, SC 29303-3663  Greer Community Center P O Box 1373	<del> </del>	Tax Ex	Chantable	6,000 00	0.00
HIS Radio Network-WLFJ& WGFJ 2420 Wade Hampton Boulevard Greenville, SC 29615 Wofford College Total to Wofford \$421,450 429 North Church Street Spartanburg, SC 29303-3663 Greer Community Center P O Box 1373		<b></b>			
2420 Wade Hampton Boulevard Greenville, SC 29615 Wofford College Total to Wofford \$421,450 429 North Church Street Spartanburg, SC 29303-3663 Greer Community Center P O Box 1373		-	<del> </del>		<u> </u>
Greenville, SC 29615  Wofford College Total to Wofford \$421,450 429 North Church Street Spartanburg, SC 29303-3663  Greer Community Center P O Box 1373	N/A	Tax Ex	Chantable	12,000 00	12000 00
429 North Church Street Spartanburg, SC 29303-3663 Greer Community Center P O Box 1373	<del>-</del>				
429 North Church Street Spartanburg, SC 29303-3663 Greer Community Center P O Box 1373		T E	Scoreboard	250,000 00	25000 00
Greer Community Center P O Box 1373	N/A	Tax Ex	Deans Home Athletic Scholarships	100,000 00 55,000 00	44500 00
P O Box 1373			Terrier Club	16,450 00	0.00
P O Box 1373	N/A	Tax Ex	Charitable	0 00	100 00
Greer, South Caronna 29032		<del>                                     </del>			
USC Foundation Colon Cancer	N/A	Tax Ex	Chantable	0 00	10000 00
University of South Carolina Room 337, Sumwalt Bldg		<del> </del>	+		
Columbia S C 29208 Phon # 803-777-1231					
Whitney F W Baptist Church	N/A	Tax Ex	Charitable	0 00	200 00
847 Iron Ore Road Spartanburg,SC 29303-2334	<u>-</u>				
			<del> </del>		
SOAR Academy 2407 S Pine Street	N/A	Tax Ex	Chantable	0 00	1000 00
Spartanburg, S C 29302 Phone #864-585-8928					
PACE Center	N/A	Tax Ex	Charitable	1,000 00	1000 00
145-N Church Street	102		Chantable	1,000 00	1000 00
Spartanburg ,S C. 29306					
Glean Springs Academy	N/A	Tax Ex	Chantable	20,000 00	0 00
195 Boys Home Rd Pauline,S C 29374					
Hub Grant Ministries	N/A	Tax Ex	Chantable	1,200 00	900 00
3720 Boiling Springs Rd Ste F #247 Boiling Springs ,S C 29316					
Tople Tree Asymptoms Shale	1114	T			
Triple Tree Aerodome Fly-In P O Box 26509	N/A	Tax Ex	Charitable	0 00	1000 00
Greenville,S C 29616-1509 Tax Exempt #14-2009596					
MPACT Sports					
108 Sweetbnar Ct	N/A	Tax Ex	Charitable	12,000 00	12000 00
Spartanburg,SC 29301 Phone # 864-590-5294	N/A	Tax Ex	Charitable	12,000 00	12000 00
Mobile Meals	N/A	Tax Ex	Charitable	12,000 00	12000 00
P O.Box 461 Spartanburg,S C	N/A N/A	Tax Ex Tax Ex	Charitable Charitable	12,000 00	12000 00

Gibbs Charitable Foundation	
Attachment to Form 990-PF, Part XV, Line 3A	
2010	

2010 2010					2009
Recipient name & address	Individual	Status	Purpose	Total	
Health Smiles of Spartanburg	N/A	Tax Ex	Charitable	1,000 00	0
P O Box 1441					
Spartanburg,S C 29304 Phone # 864-591-3698					
Focus on Leadership	N/A	Tax Ex	·	0 00	
P O Box 6927	<del>                                     </del>	, on En			
Spartanburg,S C 29304 Phone # 864-562-7475 MS K Gray					
Spartanburg Humane Society	N/A	Tax Ex	Chantable	500 00	0
150 Dexter Road			O D D D D D D D D D D D D D D D D D D D	1-0000	
Spartanburg,S C 29303				<del>                                     </del>	
Southern Childrens Home	N/A	Tax Ex		0.00	
115 Children's Way					
Ducan,S C 29334 Phone # 864-439-0259					
H C Butler Scholarship Foundation	N/A	Tax Ex		0 00	
P O Box 655				1	
Roebuck ,SC 29376					
Count I also Free Made at Oliver	N/A		<u> </u>	4 350 50	200
Saint Luke Free Medical Clinic 162 N Dean St	N/A	Tax Ex	Chantable	1,250 00	200
Spartanburg, S. C. 29302 Phone # 864-542- 2273	<del> </del> -			<del> </del>	
Piedmont Blood Center	N/A	Tax Ex	Chantable	0 00	500
175 Dunbar St.					
Spartanburg,SC 29306	<del> </del>			<del> </del>	
Woodruff Youth Recreation Association	N/A	Tax Ex	Chantable	500 00	0
P O Box 193					
Woodruff,S C 29388					
U S C Upstate	N/A	Tax Ex	Chantable	50,000 00	0
800 University Way	1977		Chantable	30,000 00	
Spartanburg,S C	<del> </del>			<del> </del>	
opararioutg,o o	<del>                                     </del>		<del></del>	<del>                                     </del>	
Bud Christian Tours	N/A	Tax Ex	Chantable	2,200 00	0.0
515 Oak Grove Road				1	
Spartanburg, S.C. 29301-3538					
Butterfly Foundation	N/A	Tax Ex	Chantable	875 00	0
185 South Liberty St.	IN/A	18X CX	Chantable	6/3 00	
Spartanburg, S.C. 29306			<del></del>	<del>                                     </del>	
Dos or Autism	N/A	Tax Ex	Chantable	1,000 00	0 (
5 Botleford Ct.				<del> </del>	
Simpsonville ,S C					
Angel Ministries "Just give me Jesus Upstate ,S C	N/A	Tax Ex	Chantable	25,000 00	0 (
5115 Hollyndge Drive				1 20,000 00	
Raleigh,N C 27612					
C BEST	<u> </u>		Ob	00000	2000
S C BEST P O Box 3351	N/A	Tax Ex	Chantable	6,000 00	6000 (
Spartanburg, S, C, 29304			<del></del>	<del> </del>	
	<del> </del>			<del>   </del>	
TOTAL				1,720,243 92	1,093,089 5

Foundation 2010 xls 990 -2010 ) Page 4